


1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 16 AM 8:00

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Jim Smith Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F35019
1. Corporation Name Joint Enterprises, Inc.

2. Principal Office Address 3111 N. Surf Rd Suite, Apt. #, etc.	3. Mailing Office Address 3111 N. Surf Rd Suite, Apt. #, etc.
City & State Hollywood, FL Zip 33019 Country USA	City & State Hollywood, FL Zip 33019 Country USA

REINSTATEMENT 03-04 MRS	
4. Date Incorporated or Qualified To Do Business in Florida	5/15/81
5. FEI Number	59-2105562
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name	Mitch Marlowe
Street Address (P.O. Box Number is Not Acceptable)	3111 N. Surf Rd.
Suite, Apt. #, Etc.	
City	Hollywood
State	FL
Zip Code	33019

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent <u>Mitch Marlowe</u>
REGISTERED AGENT MUST SIGN
Date _____

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVPST	Mitch Marlowe	3111 N. Surf Rd.	Hollywood, FL 33019

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
SIGNATURE: <u>Mitch Marlowe</u>	Date 7/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #

CR2E081 (9/01)

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**Joint Enterprises, Inc.
3111 North Surf Road
Hollywood, FL 33019**

July 8, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

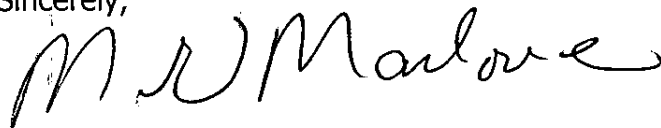
Re: Joint Enterprises, Inc.
F.E.I.N. - 59-2105562
DOCUMENT NUMBER - F35019

Dear Sir or Madam:

I am the President of Joint Enterprises, Inc. I recently became aware that my corporation lapsed with the state. Please be advised that the necessary renewal documents were never received by my office. I purchased the corporation in 2002 and it appears that the mailing address listed with the state is that of the previous owner. I have enclosed a reinstatement form to update my company along with a check in the amount of \$ 300.00 representing renewal fees for 2003 and 2004. Please make a note of the correct mailing address and adjust your records accordingly.

Based on the foregoing, I respectfully request that you please remove the late filing penalties and accept my reinstatement form. Your help and understanding in this matter would be greatly appreciated.

Sincerely,



M. Marlowe
President

Enclosures